

In January 1996, when I first commented in these pages on loyalty and managed care, I was worried that the contracts between managed-care companies and their clients focused on cost, not cure. Further, I agreed that they had caused “one of the largest transfers of wealth in American history, from private physicians and hospitals to...large for-profit corporations.” My pessimism about the corporate practice of medicine stemmed partly from the dual loyalty of contracted physicians torn between concern for their patients and obligations to the corporations that paid them.

I was wrong about the long-term damage to our profession from managed care. Administrative costs/profits did divert about a quarter of the funds that could have improved patient care, but the focus on cost and on the need for physicians to justify what was to be done now seems to have provided a good lesson for us doctors.

No question about the many unhappy years, but patients and physicians together forced changes on the intermediaries, now more realistic—and permissive—about what we physicians can do. Partly, alas, this has come about because of higher “co-pays” for the patients, but in my admittedly abridged private practice, I almost never find restrictions on what I can order or to whom I can send patients. There are some frustrations, but things have a way of working out.

I have had occasion to reaffirm my views of loyalty for a lay group delighted that physicians could still be interested in commitment and loyalty. For that reason, I have reread the wonderfully innocent book by Josiah Royce, *The Philosophy of Loyalty*, first published in 1908 and reprinted by

Hafner in 1971. From a mining town in California, Royce made his way east to a professorship at Harvard College and friendship with William James and Richard Cabot.

These last are among my heroes: James, a philosopher-psychologist, is probably best known for his *The Varieties of Religious Experience*, while Richard Cabot, a Boston physician who founded the Clinical Case Reports still going strong in *the New England Journal of Medicine*, wrote much that emphasized spirituality and telling the truth in the care of patients.

Royce’s definition of loyalty bears repeating:

*A man is loyal when, first, he has some cause to which he is loyal; when, secondly, he willingly and thoroughly devotes himself to this cause; and when, thirdly, he expresses his devotion in some sustained and practical way, by acting steadily in the service of his cause.*

Royce was a man of the early 1900s, when prosperity and technology were so improving the lot of Americans that “onward and up-

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ward!” formed their hopeful credo. American hegemony was in its infancy, the “melting pot” turning immigrants of diverse European origins into Americans who eased their former national hatreds.

Important also, although there has never been a lack of carnage in human affairs, the early 20th century had not yet witnessed the new horrors that were to brand that century, one in which humankind also first managed to reach the moon.

Royce was a religious man whose love of principles came from his faith in the “the ideal Judge who knows Good and Evil.” For him, Truth was revealed and eternal rather than created and contingent. His respect for loyalty has not worn well in an era that has seen the crimes of those loyal to the Nazis or Communists, as well as the repulsive murders by suicide-terrorists today, in a cause they deem just.

Many of us postmoderns cannot take loyalty untrammelled, however much we may envy Royce’s innocent faith. I prefer the comfort of Martin Buber’s *I and Thou*, a relationship between people, rather than service to a principle that sadly remains beyond our grasp.

Royce wisely advised that loyalty must increase loyalty in others, which surely precludes murder in the service of any cause. He further praised loyalty as binding the one with the many into a community outside the self, providing a purpose that centers one’s life.

Purpose, which I take to be the equivalent of a goal, gets a large press these days, while duty seems a less obvious virtue that gets short shrift. We may well doubt whether loyalty can be freely chosen, as it depends on birth, family, inheritance, and nationality, to name just a few determinants.

Royce praised Robert E. Lee, loyal both to the United States and to the Commonwealth of Virginia, but who in the Civil War chose his state over his country. His discussion of how we resolve such con-

flicting loyalties is not persuasive: “Be decisive!” Although any struggle to decide will deepen our understanding of the values involved, just as exercise develops the muscles, it seems doubtful that the chasms of the 21st century can be bridged by commitment to loyalty. I fly the flag, but others just as loyal may not.

We all claim to be loyal to persons, but bias flavors our definitions of personhood. In academic life today, women faculty will applaud the appointment of a woman as Professor of Medicine over a man equally qualified. Long ago, the members of the English Department at Yale held that a professor of Jewish origin could not fully appreciate the tradition of English literature enough to teach it to college students. That prejudice is currently echoed by those who feel that African-Americans are less responsive to European culture than to African, regardless of their upbringing and education.

**H**ow much does loyalty explain the reasons for any action or decision, and what can we do about it? John Rawls offered his solution for equity, a decision ahead of time that each person is entitled to a maximum liberty as long as it does not infringe on the liberty of others. Immanuel Kant taught the categorical imperative, that one should act as if his or her action would become a general rule. Royce’s advice had been “loyalty to loyalty,” that is, an action should not decrease the loyalty of somebody else.

But decisions sometimes have to be made in ignorance. Each generation must make decisions even knowing that the next generation would choose differently. In our fallibility, we often face hard decisions between two good positions, and we make mistakes labeled “tragic choices.”

Those tragic choices may have consequences later judged bad—or at least ill-advised. Robert E. Lee might have helped the cause of

unity had he chosen the nation over the state.

On a more pedestrian level, I was born in Cambridge, educated at Harvard’s college and medical school, and further trained at two Boston hospitals, so my loyalties should center around that hub. Yet, Yale has paid my salary for so long that I sit on the Yale side at the Harvard/Yale—oops, the Yale/Harvard—football game. All those years in New Haven have to count for something, even if one must be loyal first to family, then to neigh-

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bors and friends, and only after that to city, state, and nation.

White Americans hitherto have been loyal, finally, to Europe, home of our ancestors, and only then to the world. Diversity has widened those vistas, but it seems unlikely that either Royce or his mentor William James could heal a world split by various beliefs, not at all agreeing on the same moral force. Their ideas work well in the community of the like-minded, the proverbial “man on the bus” of 19th-century philosophers, but in our present world, rational discourse does not seem foreseeable.

Only in medicine do we find the community of which Royce dreamed. Medical training and practice, it seems to me, have long made a community of physicians, united by a common goal of service and by precepts adopted early in our education. That underlies the immediate friendship between physicians

regardless of their origin, a camaraderie that transcends politics. We are that community and can exemplify the loyalty so praised by Royce.

There truly once was a community of physicians with rules and obligations, prescribed conduct, and loyalty to the profession as a whole. I am convinced that physicians felt love for that profession, some naming it even a calling. That old clinical community might never have been quite as beloved as my nostalgia would wish, but it did provide a link between physicians, gave them a purpose that invigorated them when they were discouraged

Still, loyalty raises questions for physicians. We can try to be loyal to other people, to the whole human race even. But trouble comes in how we define what it is to be human, for the abilities of modern science leave many sincere physicians far apart. Genetic experiments, for example, some reasonable and others not, raise vexing questions. From the old man in a persistent vegetative state to the anencephalic baby, some would strip away the adjective human, whereas others find that quality as enduring as life. Those who do not agree that life begins at conception argue that in a burning laboratory they would save a baby first, before a tray of frozen blastocysts, a decision that for others remains a tragic choice.

During the Korean War, I was in the United States Army, where my first loyalty was to the medical service at the Madigan Army Hospital and my obligation to get soldiers back to active duty as quickly as possible. Accordingly, I treated servicemen with dyspepsia or “ulcers” the same as I had in civilian life. Any desire of individual soldiers not to go overseas was less important than my obligation to the country, which was at war. Currently, however, many good people argue that military physicians should put all patients, including terrorists, ahead of their

duty to the country, but I must disagree.

I raise these questions to which many find firm but different answers. Who judges the judges? Where do their loyalties lie? How do we decide? I like to hope that the Supreme Court is made up of human beings raised to a higher level by their appointment. Yet, it is hard not to fear that parochial loyalties influence more than a few decisions, however restrained by their respect for continuity.

The image of the physician as “captain of the ship” has faded over the past 30 years or so, now that equality of physician and patient-client is so ingrained in us all. Doubtless, our self-images have changed. For me, a physician is a

detective, who can loyally serve but who does not decide, however much he or she may influence the decision to be made. I do not read detective stories because each patient begins as a mystery.

Griffin Trotter is a philosopher and physician, whose book *The Loyal Physician* expounds on the views of Josiah Royce. For him, the image of the physician is that of a warrior; like Royce, he picks examples from Bushido and praises the German general Rommel. He wants physicians energized to action by their patients. Because he works in an emergency department, not like me, one who sits in an office talking to patients, that may account for our different metaphors. But, I recommend his book for a fuller discussion.

I return to Royce’s question, “Is there a practical way of serving the universal human cause of loyalty to loyalty?” And I respond, “What better goal for loyalty than the care of patients?” However much I may have disparaged disembodied principles, loyalty supplies passion, social utility, and intellectual interest and all the duties of patient care. Would we could get back to his innocent age!

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